

For the year Jan. 1-Dec. 31, 2005, or other tax year beginning

, 2005, ending

, 20

OMB. No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label.

Otherwise, please print or type.

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

Your social security number

400-00-5205

Spouse's social security number

400-52-2005

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Filing Status

Check only one box.

1 ☐ Single2 ☒ Married filing jointly (even if only one had income)3 ☐ Married filing separately. Enter spouse's SSN above and full name here.4 ☐ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b 2

b ☒ Spouse

No. of children on 6c who:

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 19)

● lived with you 1
● did not live with you due to divorce or separation (see page 20)

JANE

HOAGIE

400-55-3003

Daughter

☒

Dependents on 6c not entered above

Add numbers on lines above

3

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7 3,000

8 a Taxable interest. Attach Schedule B if required

8 a

b Tax-exempt interest. Do not include on line 8a

8 b

9 a Ordinary dividends. Attach Schedule B if required

9 a

b Qualified dividends (see page 23)

9 b

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12 5,000

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13 2,852

14 Other gains or (losses). Attach Form 4797

14

15 a IRA distributions

15 a

11,500

b Taxable amount (see page 25)

15 b 10,000

16 a Pensions and annuities

16 a

6,000

b Taxable amount (see page 25)

16 b 4,000

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20 a Social security benefits

20 a

2,000

b Taxable amount (see page 27)

20 b

21 Other income. GAMBLING

5,000

Statement # 1

21 (12,627)

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22 12,225

Adjusted Gross Income

23 Educator expenses (see page 29)

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

900

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

354

28 Self-employed SEP, SIMPLE, and qualified plans

28

240

29 Self-employed health insurance deduction (see page 30)

29

1,313

30 Penalty on early withdrawal of savings

30

31 a Alimony paid b Recipient's SSN

31 a

32 IRA deduction (see page 31)

32

1,700

33 Student loan interest deduction (see page 33)

33

34 Tuition and fees deduction (see page 34)

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36 4,507

37 Subtract line 36 from line 22. This is your adjusted gross income

37 7,718

Form **1040** (2005)



40051

2005**TC-40**

Rev. 12/05

Fiscal Year

1024

Utah State Income Tax Dollars Fund Education

● Amended Return

Utah Individual Income Tax Return

X if deceased

Your Social Security No. **TEST****A****HOAGIE****400005205****TUNA****S****HOAGIE****123 FRONT ST****5018245205**

Spouse's Soc. Sec. No.

400522005**PELIZE****BELIZE**

1 Filing Status - enter code	2 Exemptions - enter number	3 Election Campaign Fund - enter code																																							
<input type="radio"/> C A = Single B = Head of Household C = Married filing jointly D = Married filing separately E = Qualifying widow(er)	<table border="0"> <tr> <td>a</td> <td>1</td> <td>Yourself</td> <td rowspan="3">from federal return</td> </tr> <tr> <td><input type="radio"/> b</td> <td>1</td> <td>Spouse</td> </tr> <tr> <td>c</td> <td>1</td> <td>Dependents</td> </tr> <tr> <td><input type="radio"/> d</td> <td></td> <td>Disabled - see Utah instr.</td> <td></td> </tr> <tr> <td><input type="radio"/> e</td> <td>3</td> <td>Total exemptions (add a through d)</td> <td></td> </tr> </table>	a	1	Yourself	from federal return	<input type="radio"/> b	1	Spouse	c	1	Dependents	<input type="radio"/> d		Disabled - see Utah instr.		<input type="radio"/> e	3	Total exemptions (add a through d)		<table border="0"> <tr> <td>C = Constitution</td> <td>Yourself</td> <td>Spouse</td> </tr> <tr> <td>D = Democrat</td> <td><input type="radio"/> N</td> <td><input type="radio"/> N</td> </tr> <tr> <td>G = Green</td> <td></td> <td></td> </tr> <tr> <td>L = Libertarian</td> <td></td> <td></td> </tr> <tr> <td>P = Personal Choice</td> <td colspan="2">Entering a code does</td> </tr> <tr> <td>R = Republican</td> <td colspan="2">not increase your tax</td> </tr> <tr> <td>N = No contribution</td> <td colspan="2">or reduce your refund</td> </tr> </table>	C = Constitution	Yourself	Spouse	D = Democrat	<input type="radio"/> N	<input type="radio"/> N	G = Green			L = Libertarian			P = Personal Choice	Entering a code does		R = Republican	not increase your tax		N = No contribution	or reduce your refund	
a	1	Yourself	from federal return																																						
<input type="radio"/> b	1	Spouse																																							
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4 Federal adjusted gross income from federal return ● 4 7718.

5 State income tax deducted as an itemized deduction on federal form 1040, Schedule A, line 5 ● 5

6 Additions to income from form TC-40S, Part 1 6 23800.

7 **Total adjusted income** (add lines 4 through 6) 7 31518.

8 Standard or itemized deduction ● 8 12000.

9 Personal exemptions deduction. Multiply \$2,400 by line 2e ● 9 7200.

10 One-half of the federal tax ● 10 510.

11 State tax refund included on line 10 of federal form 1040 ● 11

12 Retirement exemption/deduction - use TC-40B ● 12 11500.

Enter X if age 65 or older ● ☒ **X** Taxpayer ● Spouse

13 Other deductions from form TC-40S, Part 2 13

14 **Total deductions** (add lines 8 through 13) 14 31210.15 **Utah 2005 taxable income** (subtract line 14 from line 7) If less than zero, enter zero. ● 15 308.

16 CALCULATE INCOME TAX 0.

● 16a ☒ **X** Qualified taxpayers Amount from worksheet 19600. ● 16b

17 FOR NON OR PART-YEAR RESIDENTS ONLY - Attach form TC-40C

☒ Nonresident - home state: . Part-year resident from to

Enter information below from Utah form TC-40C (divide Box a by Box b to get a ratio (decimal) for Box c) Non or part-year residents

Box a - from Column A, line 32 Box b - from Column B, line 32 Box c - Utah income tax ratio (Line 16b x Box c)

L ● 220. / ● 7718. = 0.0285 ● 17

Taxpayer's last name

HOAGIE

Taxpayer's soc. sec. no.

400005205

18	Enter tax (full-year resident, enter tax from line 16b - non or part-year resident, enter tax from line 17)	18	0.
----	---	----	----

19 Nonrefundable credits from form TC-40S, Part 3	19	100
---	----	-----

20 Subtract line 19 from line 18 (Note: if line 19 is greater than or equal to line 18, enter zero)	20	0.
---	----	----

21 Contributions - add lines 21a through 21f and enter total contributions on line 21

Sch/Tech

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Amount</u>	<u>Code</u>
01	Utah Nongame Wildlife Fund	● 21a		
02	Pamela Atkinson Homeless Trust Fund	● 21b		
03	Kurt Oscarson Children's Organ Transplant Fund	● 21c		
05	School District & Nonprofit School District Foundation	● 21d		
06	Utah College of Applied Technology	● 21e		
07	Uniform School Fund	● 21f		21
08	Wolf Depredation Fund			

22 AMENDED RETURNS ONLY - previous refund 22

23 Tax from recapture of credits 23

24 Utah use tax	24	85.
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25	Total tax, use tax and additions to tax (add lines 20 through 24)	25	85
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26 UTAH TAX WITHHELD (must attach W-2s and/or 1099 forms) 26 120

27	Credit for Utah income taxes prepaid	27	500.
----	--------------------------------------	----	------

28 AMENDED RETURNS ONLY - previous payments 28

29 Refundable credits from form TC-40S, Part 4 29

30 Total (add lines 26 through 29)	30	620.
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31 Tax Due - if line 25 is greater than line 30, subtract line 30 from line 25. This is the amount you owe. **TAX DUE** ● 31

32 Refund - if line 30 is greater than line 25, subtract line 25 from line 30. This is your refund. **REFUND** • 32 535.

33 Enter the amount of refund you want applied to your 2006 taxes. Your refund will be reduced by this amount. ● 33

34 DIRECT DEPOSIT YOUR REFUND. Complete information below.

- Routing number
- Account number
- Account type - C or S

Under penalties of perjury, I declare to the best of my knowledge and belief, this return and accompanying schedules reflect my true tax status.

SIGN HERE Your signature

Date _____

11-28-2005

Spouse's signature

Date _____

11-28-2005

Third Party Designee	Name of designee (if any) you authorize to discuss this return RICHARD WRIGHT	Designee's telephone number 8015551015	Designee PIN 51142
Paid Preparer's Section	Preparer's signature	Preparer's telephone number	Preparer's SSN/PTIN
	Firm's name and address		Preparer's EIN

40053 Income Tax Supplemental Schedule

TC-40S Rev. 12/05

Taxpayer's last name

HOAGIE

Taxpayer's soc. sec. no.

400005205

Part 1 - Additions to Income (write the code and amount of each addition to income, see pages 5 and 6)

Code	Code	• 51	23800.
51 Lump sum distribution	56 Child's income excluded from parent's return	•	
52 State taxes allocated from estate/trust	57 Municipal bond interest	•	
53 Medical Savings Account (MSA)	60 Untaxed Income of a resident trust	•	
54 Utah Educational Savings Plan (UESP)	61 Untaxed Income of a nonresident trust	•	
55 Reimbursed adoption expenses		•	
Total additions to income (add all additions to income and enter total here and on TC-40, line 6)			23800.

Part 2 - Other Deductions (write the code and amount of each other deduction, see pages 7 through 9)

Code	Code	•	
71 Interest from U.S. Government Obligations	78 Railroad retirement income	•	
72 Medical Savings Account (MSA)	79 Equitable adjustments - attach explanation	•	
73 Utah Educational Savings Plan (UESP)	81 Gains on capital transactions	•	
74 Health care insurance premiums	82 Nonresident active duty military pay	•	
75 Long-term care insurance premiums	83 National Guard/Reserve military pay	•	
76 Adoption expenses		•	
77 Native American income:		•	
Enrollment Number & Tribe - Primary	Secondary	•	
Total other deductions (add all other deductions and enter total here and on TC-40, line 13)			

Part 3 - Nonrefundable Credits (write the code and amount of each nonrefundable credit, see pages 10 through 12)

Code	Code	• 01	100.
01 At-home parent	09 Hiring disabled	•	
02 Qualified sheltered workshop - enter name below	10 Recycling market	•	
	11 Tutoring disabled	•	
03 Renewable energy systems	12 Research activities	•	
05 Clean fuel vehicle	13 Research machinery/equipment	•	
06 Historic preservation	17 Tax paid to another state (attach TC-40A)	•	
07 Enterprise zone	19 Live organ donation expenses	•	
08 Low-income housing		•	
Total nonrefundable credits (add all nonrefundable credits and enter total here and on TC-40, line 19)			100.

Part 4 - Refundable Credits (write the code and amount of each refundable credit, see pages 14 through 15)

Code	Code	•	
40 Targeted business tax credit	46 Mineral production withholding	•	
41 Special needs adoption credit	47 Agricultural off-highway gas/undyed diesel	•	
43 Nonresident shareholder's withholding	48 Farm operation hand tools	•	
FEIN -		•	
		•	
		•	
		•	
Total refundable credits (add all refundable credits and enter total here and on TC-40, line 29)			

Taxpayer's last name

HOAGIE

Taxpayer's social security number

400-00-5205

Retirement Income Exemption/Deduction

TC-40B

Rev. 12/05

You qualify to take the retirement income exemption/deduction if (1) you, or your spouse if filing jointly, are age 65 or older at the end of the tax year; or (2) you, or your spouse if filing jointly, are under age 65 and received qualifying taxable retirement income. See pages 6 and 7 of instructions for definition of qualifying retirement income.

1. Age 65 or older - Retirement Income Exemption

Check the "Self" box if age 65 or older.

☒ Self

☐ Spouse

Total boxes checked 1 x \$7,500 =

1 \$ 7,500 00

If filing jointly, check the "Spouse"

box if spouse is age 65 or older.

2. Under age 65 - Retirement Income Deduction (if you, and your spouse if filing jointly, are age 65 or older, skip to line 3)

Line 2a is limited to qualifying taxable retirement income up to \$4,800 per retiree and can only be used by the retiree who earned the income. ATTACH ALL FORMS 1099R, SSA-1099, or other documentation to support your deduction.

	Self	Spouse	
Date of birth ▶		04-15-1950	
a. Qualified retirement income -a.	\$	\$ 4,000	
b. Retirement limitation -b.	\$ 4,800	\$ 4,800	
c. Enter the lesser of a or b for each column. . -c.	\$	\$ 4,000	= 2 \$ 4,000 00

Add Self and Spouse amounts on line c. for total.

3. Total (add lines 1 and 2) 3 11,500 00

4. Adjusted income

a. Enter federal adjusted gross income (form TC-40, line 4) -a.	\$ 7,718
b. Enter any lump-sum distribution amount (form TC-40S, Part 1, code 51) . . . -b.	\$ 23,800
c. Enter non-taxable interest amount (federal form 1040 or 1040A, line 8b) . . . -c.	\$

Adjusted income (add lines 4a through 4c) 4 \$ 31,518 00

5. Enter: a \$32,000 -- if married filing jointly, head of household, or qualifying widow(er)

b \$16,000 -- if married filing separately

c \$25,000 -- if single

5 32,000 00

Round to nearest whole dollar.

6. Subtract line 5 from line 4 (if less than zero, enter zero) 6 00

7. One-half of line 6 (line 6 divided by 2) 7 00

8. Subtract line 7 from line 3. This is your retirement exemption/deduction. Enter on TC-40, line 12.

Do not enter an amount less than zero. 8 \$ 11,500 00

Attach completed schedule to your 2005 Utah income tax return

DRAKE SOFTWARE

Taxpayer's last name

HOAGIE

Taxpayer's social security number

400-00-5205**Non or Part Year Resident Utah Income Schedule****TC-40C** Rev. 12/05

YOU MUST complete the worksheet below and enter the totals from line 32 of COLUMN A and COLUMN B below in the corresponding boxes on line 17 of your Utah income tax return. Enter the COLUMN A total in "Box a" and the COLUMN B total in "Box b" on line 17 of your return.

Complete **columns A and B** to determine your Utah income and total income.

Column A - UTAH INCOME AND ADJUSTMENTS

INCOME: Include all income/loss 1) earned or received from Utah sources while not a Utah resident; and 2) received while a Utah resident. This includes all pension, annuity, dividend and interest income received while a Utah resident, even if it is not from a Utah source.

ADJUSTMENTS: Enter the amount of each adjustment applicable to Utah income. This includes payments to qualified IRA or self-employed retirement plans, alimony paid while a Utah resident, moving expenses when moving into Utah, etc.

Column B - FEDERAL INCOME AND ADJUSTMENTS

The amounts entered in this column are income and adjustments from all sources, and are found on your federal return, as noted below.

ADJUSTMENTS: Enter the amount of each adjustment applicable to federal income.

Nonresident Military Personnel Adjustment: Enter in Column B, line 30 the amount included in Column B, line 1 that is active duty military pay.

INCOME	COLUMN A - UTAH		COLUMN B - FEDERAL	
1. Wages, salaries, tips, etc. (1040/1040A line 7, 1040EZ line 1)	3,000	00	3,000	00
2. Taxable interest income (1040/1040A line 8a, 1040EZ line 2)		00		00
3. Ordinary dividends (1040/1040A line 9a)		00		00
4. Taxable refunds, credits or offsets of state and local income taxes (1040 line 10)		00		00
5. Alimony received (1040 line 11)		00		00
6. Business income or (loss) (1040 line 12)		00	5,000	00
7. Capital gain or (loss) (1040 line 13, 1040A line 10)		00	2,852	00
8. Other gains or (losses) (1040 line 14)		00		00
9. IRA distributions - taxable amount (1040 line 15b, 1040A line 11b)	10,000	00	10,000	00
10. Pensions and annuities - taxable amount (1040 line 16b, 1040A line 12b)	4,000	00	4,000	00
11. Rental real estate, royalties, partnerships, S corporation, trust, etc. (1040 line 17)		00		00
12. Farm income or (loss) (1040 line 18)		00		00
13. Unemployment compensation (1040 line 19, 1040A line 13, 1040EZ line 3)		00		00
14. Social Security benefits - taxable amount (1040 line 20b, 1040A line 14b)		00		00
15. Other income (1040 line 21)	(12,627)	00	(12,627)	00
16. Total income (add lines 1 through 15)	4,373	00	12,225	00
ADJUSTMENTS	COLUMN A - UTAH		COLUMN B - FEDERAL	
17. Educator expenses (1040 line 23, 1040A line 16)		00		00
18. Certain business expenses (1040 line 24)		00		00
19. Health savings account deduction (1040 line 25)	900	00	900	00
20. Moving expenses (1040 line 26 - deduct in "Column A" only expenses from moving into or within Utah)		00		00
21. One-half of self-employment tax (1040 line 27)		00	354	00
22. Self-employed SEP, SIMPLE, and qualified plans (1040 line 28)	240	00	240	00
23. Self-employed health insurance deduction (1040 line 29)	1,313	00	1,313	00
24. Penalty on early withdrawal of savings (1040 line 30)		00		00
25. Alimony paid (1040 line 31a)		00		00
26. IRA deduction (1040 line 32, 1040A line 17)	1,700	00	1,700	00
27. Student loan interest deduction (1040 line 33, 1040A line 18)		00		00
28. Tuition and fees deduction (1040 line 34, 1040A line 19)		00		00
29. Domestic production activities deduction (1040 line 35)		00		00
30. Nonresident military active duty pay included in federal wages on line 1 column B above (page 9)				00
31. Total adjustments (add lines 17 through 30)	4,153	00	4,507	00
32. Subtract line 31 from line 16 for both COLUMNS A & B. COLUMN B total must equal the FAGI amount on TC-40, line 4 (unless line 30 is completed).	220	00	7,718	00

Attach this completed SCHEDULE to your Utah tax return.

Enter this total on
TC-40, line 17, "Box a"

Enter this total on
TC-40, line 17, "Box b"

a Control number		OMB No. 1545-0008		Safe, accurate, FAST! Use IRS e-file Visit the IRS website at www.irs.gov .	
b Employer identification number 99-1234567			1 Wages, tips, other compensation 3,000		2 Federal income tax withheld
c Employer's name, address, and ZIP code RONS RIB RACK ON THE RIVER 15 RIVERFRONT RD PUNTA GORDA BELIZE .			3 Social security wages 3,000		4 Social security tax withheld 186
			5 Medicare wages and tips 3,000		6 Medicare tax withheld 44
			7 Social security tips		8 Allocated tips
d Employee's social security number 400-00-5205			9 Advance EIC payment		10 Dependent care benefits
e Employee's first name and initial Last name TEST A HOAGIE 123 FRONT ST PELIZE .			11 Nonqualified plans		12a See instructions for box 12
			13 Statutory employee Retmnt. plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		12b
			14 Other		12c
					12d
f Employee's address and ZIP code					
15 State Employer's state I.D. no. UT Y34517	16 State wages, tips, etc. 3,000	17 State income tax 120	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement**

2005

Department of the Treasury-Internal Revenue Service

Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code PROVOLONE CREDIT UNION 106 PROVOLONE CENTER SANDWICH MA 02563		1 Gross distribution \$ 11,500		OMB No. 1545-0119 2005 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.	
		2a Taxable amount \$ 10,000					
		2b Taxable amount not determined <input type="checkbox"/>		Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number 04-2131324		RECIPIENT'S identificaton number 400-00-5205		3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$ 2,000	Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.
RECIPIENT'S name TEST A HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PUNTA GORDA BELIZE		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$			
		7 Distribution Code 7		8 Other \$ %			
		9a Your percentage of total distribution %		9b Total employee contributions \$			
Account number (see instructions)		10 State tax withheld \$		11 State/Payer's state no. UT		12 State distribution \$	
						\$	
		13 Local tax withheld \$		14 Name of locality		15 Local distribution \$	
						\$	

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code PUMPERNICKLE RYE AND HOAGIE 87 SUBWAY CENTER SANDWICH MA 02563		1 Gross distribution \$ 6,000 2a Taxable amount \$ 4,000 2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>		OMB No. 1545-0119 2005 Form 1099-R	Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. This information is being furnished to the Internal Revenue Service.
PAYER'S Federal identification number 04-9876542	RECIPIENT'S identificaton number 400-52-2005	3 Capital gain (included in box 2a) \$ 8,000	4 Federal income tax withheld \$ 1,800		
RECIPIENT'S name TUNA S HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PELIZE		5 Employee contributions or insurance premiums \$	6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code 7	8 Other \$ %	9a Your percentage of total distribution %	
Account number (see instructions)		10 State tax withheld \$	11 State/Payer's state no. UT		12 State distribution \$
		13 Local tax withheld \$	14 Name of locality		15 Local distribution \$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, and ZIP code ASSOCIATED RETIREMENT 1402 RESTFUL WAY ATLANTA GA 30301		1 Gross distribution \$ 3,800		OMB No. 1545-0119	
		2a Taxable amount \$ 3,800		2005 Form 1099-R	
		2b Taxable amount not determined <input type="checkbox"/> Total distribution <input type="checkbox"/>			
PAYER'S Federal identification number 04-1466321	RECIPIENT'S identificaton number 400-00-5205	3 Capital gain (included in box 2a) \$ 8,000		4 Federal income tax withheld \$ 200	
RECIPIENT'S name TEST A HOAGIE Street address (including apt. no.) 123 FRONT ST City, state, and ZIP code PUNTA GORDA BELIZE		5 Employee contributions or insurance premiums \$		6 Net unrealized appreciation in employer's securities \$	
		7 Distribution Code 7A	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$	%
		9a Your percentage of total distribution %		9b Total employee contributions \$	
Account number (see instructions)		10 State tax withheld \$		11 State/Payer's state no. UT	
		13 Local tax withheld \$		14 Name of locality	
				12 State distribution \$	
				15 Local distribution \$	

Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Copy B

Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return.

This information is being furnished to the Internal Revenue Service.

Form **1099-R**

Department of the Treasury - Internal Revenue Service